INVESTIGATING LAW ENFORCMENT AGENCY IDAHO AMBER ALERT ACTIVATION CHECKLIST

Items in BLUE are required information - Items in BLACK are helpful, but optional HAVE ALL THE FOLLOWING SUGGESTED CRITERION BEEN MET?

Law Enforcement confirmed on guaranteed abduction has accoursed?

Yes No	Law Enforcemen			ected abduction	on has	occurred?							
Yes No	Abduction occurred in last 12 hours?												
Yes No	Victim under 18	Victim under 18											
Yes No	Victim believed to be in imminent danger ?												
Yes No	Descriptive data available on victim, abductor?												
Yes No	Entered NCIC?												
	ot met, the investigatin	ng agenc	y will implem	ent their local N	Missing	/ Endange	red Person Pla	n.					
Reporting Agency													
Dispatcher Last Name				Dispatcher First Name									
Authorizing Officer - Last Name				Officer First Name									
Officer Badge & Serial #				Officer's Rank									
Toll-free Phone Nu	mber												
Law Enforcement	Contact E-mail			Law Enforcen	nent Co	ntact Phor	ne						
Public Contact E-mail				Public Contact Phone									
Media Contact E-n	nail			Media Contact Phone									
		~				~							
	Date of Time of Incident City		ity	County		Case number							
Incident / Last Seen	/ Last Seen												
Last Seen													
Zip Code	Common Place	Place Full S		Street Address		Cross Roads							
	Name						&						
Incident Summary	: MAXIMUM of 250	Charact	ers										
VICTIM INFORI	MATION												
Last Name	First	Name		Age		Date of	Height	Weight					
						Birth							
Hair Color	Eye Color		Comple	exion Ra	Ce		Gender						
	Lye Color		Light	ZAIOII IKa	cc			F					
Additional Des	scriptors (Glasses, hai	ir style, S	Scars / Marks /	Tattoos									
Clothing Descri	ription												
SUSPECT INFO	RMATION												
Last Name	First Name	Heig	ght Weight	Hair	Eye	Complexi	on Race	Gender					
Last Indille	I IIST INAIIIC	11018	yv cigill		Color	Light	on Race	M F					
		1			20101	Ligit							

Additional	Descriptors (Glasses, hair style,	Scars / Marks / Tat	toos		
Clothing D	escription					
VEHICLE IN	FORMATIO	N				
Color	Year	Make	Model	Body Style	License #	License State
Vehicle A	dditional Des	criptors		•	•	

After calling the appropriate ISP Regional Communications Center, please fax or e-mail this information to that center at the numbers or address on the next page.

RCC FAX NUMBERS

NORTH COEUR D'ALENE FAX 208-209-8618 PHONE 208-209-8730 SOUTH MERIDIAN FAX 208-846-7520 PHONE 208-846-7500

If investigating agency has photographs they wish to be added to the alert, please email to the RCC.

Email address: North - d1dispatchers@isp.idaho.gov

South - <u>d3dispatchers@isp.idaho.gov</u>